

Submit form to:

Clerk of the Board of Supervisors
301 W. Jefferson, 10th Floor
Phoenix, AZ 85003
(602) 506-3766



PROPERTY TAX CLASSIFICATION

2014 APPEAL FORM

RESIDENTIAL RECLASSIFICATION

Complete all 2 pages of this Appeal Form. This completed form must be received in the Office of the Clerk of the Board of Supervisors within 30 days from the date the Assessor mailed the Notice of Reclassification of Residential Property. **Please attach any additional information or documentation to support your claim with this Form.**

1	Owner(s) Name:	Phone:	Email Address:		
	Mailing Address	City:	State:	Zip:	

2	Complete the following for the property under appeal (property address and parcel number listed below) Complete a separate form for each property appeal.	
	Property address:	Parcel Number/Account Number:

3	Appeal is based on: Notice of Reclassification of Residential Property Letter Date of Letter: _____	4	Who currently resides at the property?

Please check "yes" or "no" for each question regarding the property under appeal:		Yes	No
5	Is this property currently rented?		
6	From January 1, 2013 through present, was this property rented?		
7	From January 1, 2013 through present, was this property marketed as a rental?		
8	Are there plans to rent the property during 2014?		
9	Does a qualifying family member currently occupy the residence (Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling)?		
	If yes, please provide: Name of Qualifying Family Member: _____ Relationship to Owner: _____		
IMPORTANT: Appropriate documentation (as listed on Page 2) must provide proof of the person who is living in the property as stated here (the OCCUPANT's Driver's License, Utility Bill, etc.)			

Your **NOTARIZED SIGNATURE** must be on this form attesting to the truthfulness of the information you have provided. A Notary Public is available at no cost in the Office of the Clerk of the Board (address at the top of this page). You must be present in order to have your document notarized.

10	Printed Name:	Signature:	Date
	State of Arizona) County of Maricopa)	Subscribed and sworn (or affirmed) before me this ____ day of _____, 2014.	
	(Seal)	Notary Public	

Name:	Parcel Number/Account Number:
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11	<p>SUPPORTING DOCUMENTATION</p> <p><i>To support your appeal, attach a copy of ONE of the documents listed below. The document you provide must show both the OCCUPANT'S name and the address of the property under appeal.</i></p> <ul style="list-style-type: none"> • Voter Registration Card – Must show occupant's name and the property address • Driver's License – Must show occupant's name and the property address • Motor Vehicle Registration Paperwork – Must show occupant's name and the property address • Current Utility Bill showing property address and mailing address (must be the same address) • Copy of a portion of your last Income Tax Return showing your address (please do not send entire form – only name and address section)
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12	<p>Complete the following chart for each month listed.</p> <p>Place a checkmark (✓) to indicate whether the property was owner-occupied, occupied by a qualifying family member, rented or vacant for each month. <i>For partial months, enter the appropriate number of weeks.</i></p> <p>If the property is currently rented to a qualifying family member*, attach a utility bill or other appropriate documentation listed above (Box 11) for verification to indicate that the <u>family member</u> resides at that residence. For the remaining months of 2014, indicate the intent for the property. If the intent is rental, indicate whether the intent is to rent to a qualifying family member*.</p>
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For 2013	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Owner Occupied												
Occupied by Qualifying Family Member												
Rented												
Vacant												
For 2014	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Owner Occupied												
Occupied by Qualifying Family Member												
Rented												
Vacant												

*Pursuant to A.R.S. §42-12053, a qualifying family member is the Owner's natural or adopted child or descendant of the owner's child; parent or ancestor of the owner's parent; stepchild or stepparent; child-in-law or parent-in-law; or natural or adopted sibling.

13.	<p>OFFICIAL CHANGE OF MAILING ADDRESS:</p> <p>If notices regarding reclassification did NOT come to your current mailing address and you wish to change your <u>official mailing address</u> with the Assessor's Office, please indicate your new mailing address below.</p> <div style="margin-top: 20px;"> <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 80%;"> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City State Zip </div> </div>
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